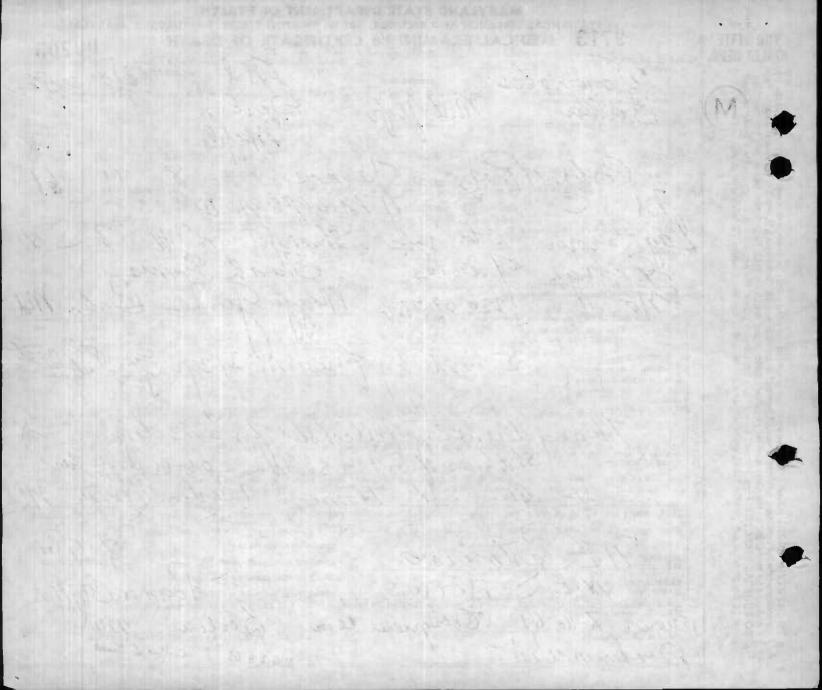
	1 ,			MARYLAND STATE DEPARTMENT OF HEALTH  DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
4	عدي			/ 9711. CERTIFICATE OF DEATH / (1970)
Poge	filed with	M)	1. F	PLACE OF DEATH  D. COUNTY (CANAD)  2. USUAL RESIDENCE (Where decased lived. If institutions Residence before admission)  D. COUNTY (CANADA)  MARYLAND
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	the fu	X	1	NAME OF HOSPITAL (If not in hospitol, give street oddress)     OR INSTITUTION     ON A FARM?  ON A FARM?
Super	in by and 2	F	3 /	YES NO NAME OF Lasty 4. DATE Month Day Year
1 20 m	ly filter Pages 1 death.	F		Type or print) Ollarence L. Baker DEATH Clug. 17 1961
withi	s. Pages fer death	d	1	EX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In 1967) Months Days Hours Min.
ecuted	paper paper	9	10a	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign county) 12. CITIZEN OF WHAT COUNTRY?
be ex	n and prbon 72 h		13.	FATHER'S MADE 14. MOTHER'S MAIDEN NAME X
icate	ysicia ave co withir		15	WAS DECEASED FOR IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17, INFORMANT
certif	ng ph e remo		(Yes	10. for strong (If yes, give war or dotes of service) 223-14-4569 M. Allmming Baker Snow Hill me
death	pleas n any			18. CAUSE OF DEATH [Enter only one cause per line far (a), (b), and (c).  PART I. DEATH WAS CAUSED BY:
at the	the a Then			IMMEDIATE CAUSE (a)  DUE TO  CALLET CAUSE (b)  TO  CALLET CAUSE (c)  TO  CALLET CAUSE (c
res that	ed by rmit.			Conditions, if ony, which gove rise to immediate DUTE TO  Rheumeter heart clique of Es
requi	n sign ssit pe			cause (a), stating the <u>under.</u>   DUE TO     lying couse lost. (c)
ne law physici	as bee iol-trar ation,	A)	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  YES 1 NO 1
T	he bur I, crem		CERTIFI	20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port 11 of item 18.)
HYSICI	use as taburio		MEDICAL	20c. TIME OF INJURY Month, Day. Year Hour o. m. p. m.  19  20d. INJURY OCCURRED While of work at work
ING I	fter the			21. 1 certify that (I) (this haspital) attended the deceased fram. July 1961, to Out 19. 1961 that (I) (we) last
TEND the h	OR: A etach tealth			saw the deceased alive an way 19 19 61, and that death occurred at TMM, fram the causes and an the date stated abave.  220. SIGNATURE  22b. DATE
200	be d	1		AND. ATTENDING MED. STAFF PHYS. August 18, 1961
ITAL C	At hou Boo	1		David Rafat, M. D. 22d. ADDRESS 104 Bay Street, Snow Hill, Maryland
HOSP nay be	page 3 s the State	1	230	TOTALL, CREMATION 23b. DATE THEREOF 123c. NAME OF CEMETERY OF CREMATORY 23d. (OCATION LETT. town, or county) (Specify)
	.15 (4)	RP	24.	FUNERAC DIRECTOR'S SIGNATURE  ADDRESS   MARCH   250. REGISTRAR'S SIGNATURE    DATE AUG 2 1 81
1SM	9/59	Di	Ľ	Cayo gennes Snow Nell, My DATE AUG 21 BT arthur & thomas

in the second + 2 thorne or Long 12 Lane Some Sucard 223-14-47-522 HERE I HOUSE THE TO DE TOWN Charmon Frank Shirt Had CONTRACTOR OF THE STREET, STRE

31		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
FOR STATE		9712 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT		PLACE OF DEATH-
Page iles. ealth,	A )	o. STATE MICESORY MARYLAND O. STATE MICE b. COUNTY (1) DEPAR
T He He		CITY OR TOWN (If outside corporate limits, write RURAL and give necrest town)
o Proposition		d. NAME OF HOSPITAL OR INSTITUTION (HEADLIN Mospital, give street oddress)  d. STREET ADDRESS  e. IS RESIDENCE
Boog .	X	ON A TAKNY YES NO D
Stote death		3. NAME OF First Middle Lott P.A. DATE Month/ Doy Year
the the		(Type or print) Coodyor Unison Lake DEATH 8 6 196/
moy moy with		5. SEX  O. COLOR OR RACE  O. MARRIED   NEVER MARRIED   8. DATE OF BIRTH  WIDOWED   DIVORCED   PARTIED   1. DATE OF BIRTH  WIDOWED   DIVORCED   WIDOWED   DIVORCED   WIDOWED   DOYS   Hours   Min.
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ar S. S. P. L. P.	1	13. FATHER'S NAME.
Page Page Page		Woodrow (1) slson aker by Meldret Drettenaham
Sive File ry ev		15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO TY. ANGERMANT (Yes. no. grafinknown)   If yes. give wor or dates of service)
mit.		Johnsuman Jurgage Warren 116
lang per and		PART I. DEATH WAS CAUSED BY:
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Office of the second of the se		Conditions, if ony, which gove rise to immediate course (b)
in promise of		(0), stating the underlying DUE TO Quits- accident
ing xami		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
remer reme		5 Speeding - estimated may 100 mg her leave YES NO
Id be		200. EXTERNAL CAUSE WAS PRIMARY ED OF CONTRIBUTING   Technology of Describe How Injury Occurred. (Enter nature of injury in Port I or Part II of item 18.) CAUSE OF DEATH.  Technology describe How Injury Occurred. (Enter nature of injury in Port I or Part II of item 18.)
hier The should be be	5	20c. TIME OF INJURY Month, Doy, Year 20d, INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 120F OF the or lown) (County)
ing the Ge 3	7	
To It		21. I certify that I took charge of the remains described above, held an Autapsy . Inspection . Inquiry . and in my
cate, cate, andecondary	2	opinion death esulted from: Natural causes . Accident . Suicide . Homicide . Undetermined manner .
forwood of the color of the col		SIGNATURE // GIENUS IV. M.D. CHIEF MEDICAL EXAMINER   SIGNED
or the ld be		EXAMINER'S // / SQ & SY 1 U S. DEPUTY MEDICAL EXAMINER DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY DEPUT
Shour is a	0	220. BURIAL CREMATION 22b. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY .   22d. LOCATION (City town, or county) (Story) 8/8/6/
5 , 5	1	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REGISTRAR 246. REGISTRAR'S SIGNATURE
VS. A15ME 5M 2/57	1	Anna A. Bubaje Barlin My DATAUG 1 4 '61 arthur S. Thank

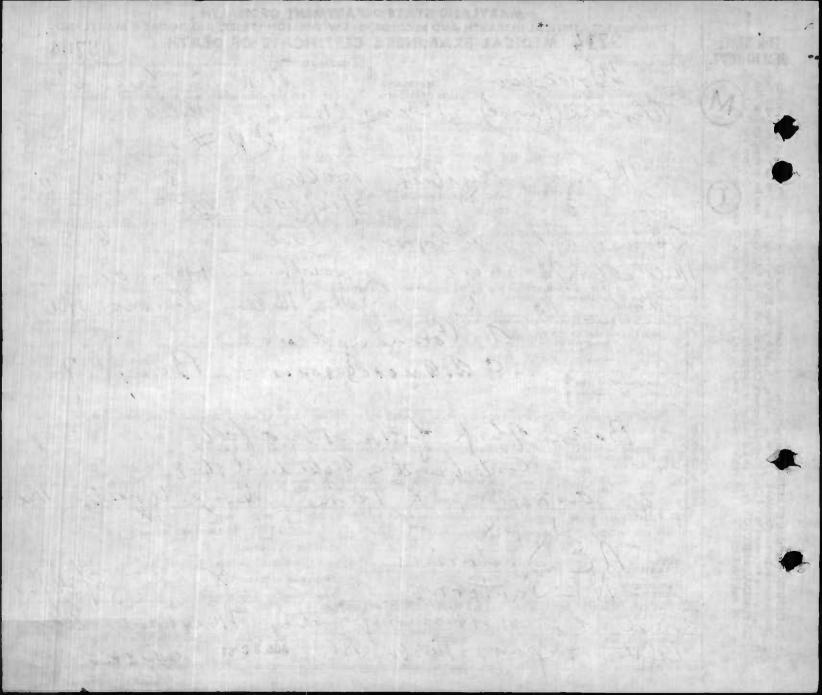
ND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINE Film G293 USUAL RESIDENCE (Where of cosed lived, If institution: Revidence before edmission) 1. PLACE OF DEATH e. COUNTY Page alth, a. STATE b. COUNTY files. MARYLAND b. CITY OR TOWN (if outside corporate limits LENGTH OF STAY IN 16 c. CITY OR TOWALL outside comprete limits, write RURAL end give neerest town) write JURAL and gix inherest town) Por Воак d. NAME OF ROSPITAL OR INSTITUTION (if not in hospitel, give street ddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? State YES NO 3. NAME OF Middle DAT Lest Year Month Day DECEASED be ref 01 the (Type or print) DEATH with the 19 in Item 18. Give Pages 1, 2, and 3 to ang with form PM3. Page 5 may be sit permit. File pages 1 and 2 with 11 in any event within 72 hours affect 6. COLOR 5. SEX OR RACE DATE OF BIRTH AGE (In yeers | IF UNDER 1 YEAR IF UNDER 24 HRS. NEVER MARRIED Months Deys Hours Min. WIDOWED DIVORCED PATION (Give kind of work 10b. KIND OF BUSINESS OR IN foraign country) 12. CITIZENLOS WHAT COUNTRY? done during most of yorking life, aven if ratirad) 14. MOTHER'S CEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORM Address pnlown) | (Ifyas giveryar or detes of service Office along with for burial-transit permit. 18. CAUSE OF DEATH [Enter only one cause per line for (e), b), and INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: in pencil IMMEDIATE CAUSE (e) DUE TO removal, Conditions, if any, which (b) geva risa to immediate cause Ø DUE TO (a), stating the underlying 95 Examiner 0 cause lest. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPS PERFORMED? 8 9 Word cremai Medical pluods 20b. DESCRIBE HOW INJURY DCCURED. (Enter nature of injury In Part Vo 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING Part II of item 18.1 lease execute the certificate, writing the should be forwarded to the Chief Me FUNERAL DIRECTOR: Page 3 show its designated agent, prior to burial, CAUSE OF DEATH. Month, Day, Yeer 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, far (Stete) factory, Street office bldg., el Not While et work 21. I certify that I took charge of the remains described above, held an Autopsy I Inspection > and in my opinion agent, death resulted from: Natural causes Suicide Accident Undetermined manner Homicide CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) Addrass (Street, city, town, or county) 22a, BURIAL, CREMATION. 22b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 22c. 22d. KOCATION (City, town, or country) REMOVAL (Spacify) ₽40 º 23. FUNERAL DIRECTO ADDRESS 246. REGISTRAR'S SIGNATURE 24a. REC'D BY REGISTRAR I VS. A15ME 5M 7/59 DATE 1 8 '61



## AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE DICAL EXAMINER'S CERTIFICATE OF 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission) 1. PLACE OF DEATE e. COUNTY Page of Health, e. STATE b. COUNTY director, Page or your files. MARYLAND b. CHY OR TOWN (if outside corposite Air c. CITY OR JOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 for Boar d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) & STREET ADDRESS . IS RESIDENCE ON A FARM? uneral be retained f YES NO NAME OF First Middle DATE Day Month Yeer DECEASED thould be executed within 24 hours after death. "in pencil in Item 18. Give Pages 1, 2, and 3 to free "in pencil in Item 18. Give Pages 1, 2, and 3 to free "in pencil in Item 18. Give Pages 1, 2, and 3 to free "in pencil in Item 19. Ite OF (Type or print) DEATH 19 6. COLOR OR RACE 7. MARRIED B. DATE OF BIRTH AGE (In yeers | IF UNDER 1 YEAR IF UNDER 24 HRS. NEVER MARRIED lest birthday) Months Deys Hours WIDOWED DIVORCED 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (Stelle or foreign country) 12. CITIZEN OF WHAT COUNTRY? done dering most of working life, even if refired) FATHER'S NAME 14. / MOTHER'S MAIDEN NAME WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17. INFOR (Yes, no, or up (own) | (If yes give wer or dates of service) 18. CAUSE OF DEATH Enter only one cause per line for (e) INTERVAL BETWEEN Office along burial-transit g ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO removal. Conditions, if eny, which word "penc... lical Examiner's C "pending" geve rise to immediate cause DUE TO (e), steting the underlying cause lest. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY CERTIFICATION PERFORMED? cremat et NO Medical pluods DESCRIBE HOW INJURY/OCCURED. (Enter neture of injury in Pert I or Part II of item 18.) 20e. EXTERNAL CAUSE WAS 20b. PRIMARY TO OF CONTRIBUTING TO burial. CAUSE OF DEATH. please execute the certificate, writing 4 should be forwarded to the Chief of FUNERAL DIRECTOR: Page 3 s Month, Dey, Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20c. TIME OF INJURY (City or town) (County) featory #street, office bldg., etc.) 9 While Not While et work et work prior 21. I certify that I took charge of the remains described above, held an Autopsy Inspection and in my opinion agent, death resulted from: Naturel causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY DEPUTY MEDICAL EXAMINER **EXAMINER'S** NAME (Type) Address (Street, city, town, or county) 22e. BURIAL, CREMATION, 22b. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Specify) 0 Ö REC'D BY REGISTRAR I 246. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR AUG 3 0 '61 VS. A15ME arthur & Kraus 5M 7/59

ND STATE DEPARTMENT OF HEALTH

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Chilling S. Thous

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	distribution of the company of the c

FOR STATE HEALTH DE TO DEPUTY MEDICAL EXAMINE. This certificate should be executed within 24 hours after death.

y delay, necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

> VS. A15ME 5M 7/59

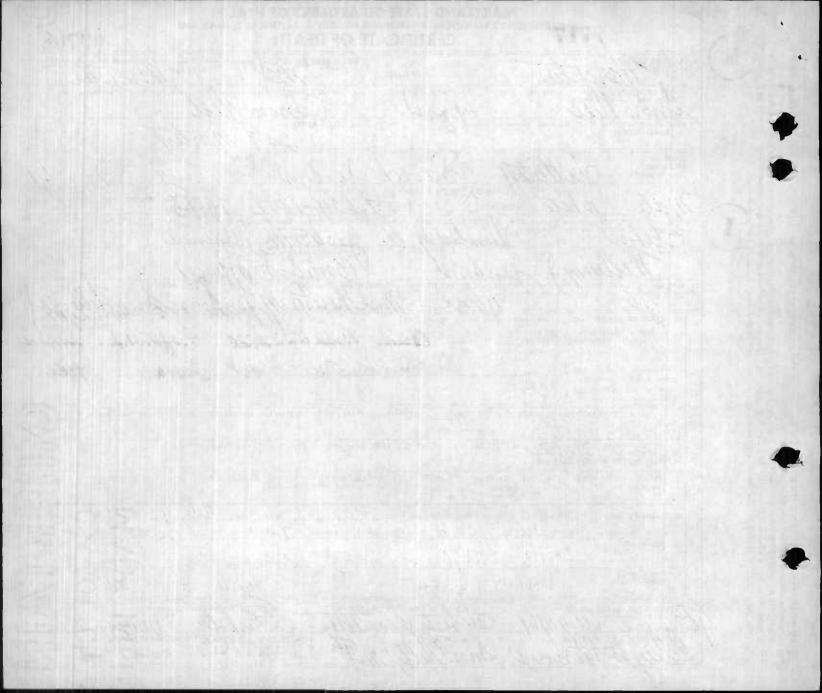
## MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 9715 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission)								
Worcester MARYLAND	a. STATE Maryland b. COUNTY	Worcester							
b. CITY OR TOWN (if outside corporata limits, write RURAL and give neerest lown)									
Rural-Pocomoke City 30 years	Rural-Pocomoke C:	1+17							
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS	I e. IS RESIDENCE							
R.F.D. 2	7 R.F.D. 2	YES NO							
3. NAME OF First Middle	Lest   4. DATE Month	Dey Year							
DECEASED	OF .								
	Hugust August	10 1961							
7. MARKIED   NEVER MARKIED	8. DATE OF BIRTH 9. AGE (In years IF last birthday)	UNDER 1 YEAR IF UNDER 24 HRS.							
Female   White   WIDOWED   DIVORCED	unknown 78 yrs.								
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retirad)	RY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?							
Housewife	Virginia	USA							
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME								
Jack Jones	Mary Esther Davis								
	INFORMANT Address								
(Yas, no, or unkown) (Ifyesgivawarordelasofservica) None H	enry P. Walters, Pocomol	o City Ma							
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]	city is warders, rocomor	I INTERVAL BETWEEN							
PART I. DEATH WAS CAUSED BY:	a dice	ONSET AND DEATH							
IMMEDIATE CAUSE (a)	of weller								
DUE TO The she		R							
Conditions, if eny, which gave rise to immediate cause (b)	rene on	Met							
(a), steting the underlying DUE TO		6							
cause lest. (c)									
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT IN	OT DELATED TO THE PERMINAL DISEASE CONDITION GIVEN	N PART 1(a) 19. WAS AUTOPSY							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTCH	PERFORMED? YES NO NO								
TO EXTERNAL CALLE WAS A 20h DESCRIPE HOW THURK OCCUPED	(Entar nature of Injury In Part I or Part II of item 18.)	1							
PRIMARY OF CONTRIBUTING A									
20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, ferm,   20f. (City or town) (County) (Stete)									
Hour e.m. While Not While fectory, street, office bldg., etc.)									
p.m. 19 at work et work									
21. I certify that I took charge of the remains described apove held an Autopsy . Inspection . Inquiry and in my opinion									
death resulted from: Natural\causes . Accident . Sulcide . Homicide . Undetermined manner .									
1 1 20 1 7 . ()	CHIEF MEDICAL EXAMINER								
SIGNATURE SALORIUS	M.D. ASSISTANT MEDICAL EXAMINER	DATE SIGNED							
DEPUTY MEDICAL EXAMINER									
NAME (Type) N. E. SARTORIUS, SR. Addrass (Street, city, town, or county)									
220. BURIAL, CREMATION, 226. DATE THEREOF 226. NAME OF CEMETERY C		country) / (Stete)							
Burial 8-12-61 Union Green	backville Worcester Con	inty Maryland							
23. FLIMERAL DIRECTOR ADDRESS	24a. REC'D BY REGISTRAR   24b. REGISTR	AP'S SIGNATURE							
		AR 3 SIGINATORE							
Therap who the Land Pacamaka City	AUC 4 . 701	S. Krane							

Branch St. Will add on - Land 10 10 exemple - Detail 5 . 6 . 5 . 8 Mensio dimitte diseas ARS I was a ministrative Entrackt Te BEER R. Weller E. Roches and the Land THE RESTRICT OF THE PROPERTY OF THE PARTY OF Cartal 6-12-61 States Francisco of effective County for States Land Control of the Lot of the Control of the Contr

1	MARYLAND STATE DEPARTMENT OF HEALTH  OPT DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
	CERTIFICATE OF DEATH
n. Page 4	1. PLACE OF DEATH  a. COUNTY  MARYLAND  2. USUAL RESIDENCE (Where deceosed lived. If institution Residence before admission)  b. COUNTY  b. COUNTY  CO
eral be f	b. CLY OR TOWN (If pulside carporate limits, write RURAL and give nearest town)  RURAL and give nearest town.)
de fun shauld	d. NAME OF HOSPITAL (If not in hospital, give street address)  d. STREET ADDRESS  e. IS RESIDENCE
by the did 2 s	OR INSTITUTION ON A FARM? YES NO [
thin 22 had y fire kin doges I or death.	3. NAME OF DECEASED (Type or print) Stillion David Sentence OF DEATH City 9 1961
e e k	5. SEX  6. COLOPOR RACE  7. MARRIED NEVER MARRIED DIVORCED 1 24 HR  9. AGE (In years IF UNDER 14 HR IF UNDER 24 HR  Months Days Hours Min.
and cample on papers.	10a. USUAL OCCUPATION (Give kind of work done 100 KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign causing)  12. CITIZEN OF WHAT COUNTRY  during most of working life, even if retired)  12. CITIZEN OF WHAT COUNTRY  USUAL OCCUPATION (Give kind of work done 100 KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign causing)  12. CITIZEN OF WHAT COUNTRY
م د ته د	13. FATHER'S MAIDEN NAME DENGEN SMILES MASON
certificote g physicia remave cc	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANY (Yes, no. or unknown) (If yes, give two or date of evice) NANL Marchereso M. Jenking SmowNell. M.
eath endir lease any	1B. CAUSE OF DEATH [Enter only one cause per/line for (o), (b), and (c).]
the d e att	PART I. DEATH WAS CAUSE BY: IMMEDIATE CAUSE (a) Could Phys Cardial Intuction Minus
that the by the t. The II, and	Canditions, if ony, which) artemoseleptor Heart Disease Hears
quires igned permi remova	gave rise to immediate cause (a), stating the under-lying cause lost.  (b)  DUE TO  (c)
sicic ran n, a	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS PERFORMED? YES NO DEATH
The lot of the borial-the burial-the burial-	206. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  206. ACCIDENT WAS UNDERLYING  CONTRIBUTING  CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
PHYSICI all ar ath his certifuse as to buric	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Hour o. m.  p. m.  19  20d. INJURY OCCURRED Flactory, street, affice bldg., etc.)  19  20e. PLACE OF INJURY (Home, form, factory, street, affice bldg., etc.)
Spite ospited for the prior	21. I certify that (I) (this hospital) attended the deceased from Luz 9 1961, to Lus 9 1961, that (I) (we) la
TENDI Sy the ho TOR: Al detache Health	sow the deceosed olive on Ques 9 19 6/1, and that death occurred of TAM, from the couses and an the date stated obave
SECTO be det of He	220. SIGNATURE  220. DATE SIGNE  M.D. PHYS. DIRECTOR DIRECTOR PHYS. D
HOSPITAL OF TEN BY BY THE FUNERAL DIRECTOR: age 3 should be detected as State Board at Health	22c. PHYSICIAN'S NAME (Type) DAVID PAFAT 22d. ADDRESS SONON HILL, Md.
O HOSPITAL may be reta O FUNERAL page 3 shou the State Box	230 BORIAL CREMATION, 236, DATE THEREOF 23-THAME OF GEMETERY OR CREMATORY (23d, LOCATION (gity, town, or county), (State)
VR A1S (4)	24. FUNERAL DIRECTOR'S SIGNATURE   ADDRESS   ADDRESS   250. REC'D BY REGISTRAT 256. REGISTRAT STIGNATURE  LICAN 6. DELLA STOWN
· 3M 7/37	

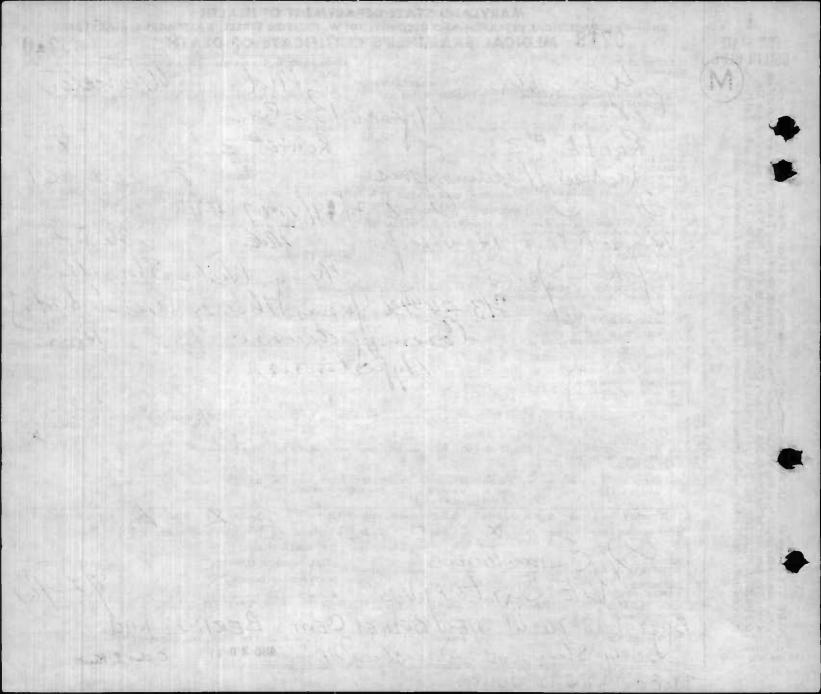


Division of STATISTICAL RES **BALTIMORE 1, MARYLAND** FOR STATE 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before edmissign) your files. a. COUNTY e. STATE MARYLAND CHENGTH OF STAY IN 16 b. CITY OR TOWN (if outside corporete limits, butside comorate limits, write RURAL and give neerest town) write RURAL and give neerest town Board NAME OF HOSPITAL OR INSTITUTION e. IS RESIDENCE Po ON A FARM? funeral may be retained State NAME OF 4. DATE Middle ' Month Dev DECEASED OF with the (Type or print) & DEATH SON 19 NEI ould be executed within 24 hours after death. In pencil in Item 18. Give Pages 1, 2, and 3 to 10 ffice along with form PM3. Page 5 may be burial-transit permit. File pages 1 and 2 with the loval, and In any event within 72 hours after 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR last birthday) Months Deys IF UNDER 24 HRS. WIDOWED DIVORCED USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? Office along with form PM3. Page burial-transit permit. File pages 1 an during most of working life, even if retired SU RANCE 13. FATHER 14. MOTHER'S MAIDEN NAME nis certificate should be executed within 16. SOCIAL SECURITY (Yes, nonor unkown) | (Ifyes give we randetes of service) 1B. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c),] INTERVAL BETWEEN M AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e removal, geve rise to immediate cause "pending" word "pending" dical Examiner's 10 DUE TO (e), steting the underlying 35 couse lest. be used cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) | 19. WAS AUTOPSY CERTIFICATION PERFORMED? forwarded to the Chief Medical L DIRECTOR: Page 3 should b NO 20a. EXTERNAL CAUSE WAS 2Db. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) PRIMARY | or CONTRIBUTING | burial, CAUSE OF DEATH. please execute the certificate, writing 4 should be forwarded to the Chief O FUNERAL DIRECTOR. Page 3 sor its designated agent. prior to human DICAL EXAMINE 20e. PLACE OF INJURY (Home, ferm, 20c. TIME OF INJURY Month, Dey, Yeer 2Dd. INJURY OCCURRED 20f. (City or town) (County) (State) fectory, street, office bldg., etc.) While Not While Hour e.m. et work et work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection and in my opinion Natural causes death resulted from: Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY EXAMINER'S NAME (Type) Address (Street, city, town, or county) NAME OF CEMETERY OR CREMATOR 22e, BURIAL, CREMATION, 22b 22d. LOCATION (City, town, or country) (State) REMOVAL (Specify) 0 PK EMORNE OH REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR **ADDRESS** VS. A15ME arthur S. Krans 5M 7/59

STATE DEPARTMENT OF HEALTH

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AND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RES AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND DICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) a. COUNTY Page Health, b. COUN a. STATE hector. Pag vour files. MARYLAND b. CITYOR JOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Your wete RURAL and give neerest town) o, Board for d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street) . IS RESIDENCE ON A FARM? 'in pencil in Item 18. Give Pages 1, 2, and 3 to fire Viner. Office along with form PM3. Page 5 may be retained buriel-transit permit. File pages 1 and 2 with the State B moval, and in any event within 72 hours after death. YES NO 0416 NAME OF Midd 4. DATE Month Day DECEASED OF (Type or prin DEATH 19 6. COLOR OR S. SEX 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED last birthdey) Months Days WIDOWED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (State 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 16. SOCIAL SECURITY NO. 17. INPORMANT FORCES? (Yes, no, or unkown) | (Ifyas give war or dates of service) 18. CAUSE OF DEATH |Fotos only one cause per line for la (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO removal, certificate should Conditions, if any, which the word "pename"s O gave rise to immediate causa DUE TO (a), stating the underlying OL cause last. cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO Medical pluods 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.) PRIMARY | or CONTRIBUTING | burial, CAUSE OF DEATH. ease execute the certificate, writing should be forwarded to the Chief FUNERAL DIRECTOR: Page 3 : MEDICAL 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, ) 20c. TIME OF INJURY Month, Day, Year 20f. (City or town) (County) (State) factory, street, office bldg., etc.) 0 While Not While at work at work prior 21. I certify that I took charge of the remains described above, held an Autopsy and in my opinion DICAL Undetermined manner death resulted from: Natural -causes Accident Suicide Homicide CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER DEPUTY EXAMINER'S NAME (Typa) Address (Street, city, town, or county) 22a. BURIAL, CREMATION NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Specify) OH Q40 ö 23. FUNERAL DIRECTOR 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. AISME AUG 3 0 '6 Orthur S. Kraco 5M 7/59



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution Residence before edmission) CORN b. COUNTY e. STATE by the and 2 seath. MARYLAND b. CITY OR TOWN (if outside corporate limits, outside corporete limits, write RURAL end give neerest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN write RURAL end give nearest toy 72 hours after Pages Id. STREET ADDRESS INSTITUTION (if not in hospitel, give street andress) e. IS RESIDENCE ON A FARM? YES NO NAME OF Dev Yee DECEASED OF COMP (Type or print) DEATH 1960 within carbon 5. SEX AGE (I Years | IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COFOR OR RACE 8. DATE OF BIRTH 9. MARRIED X NEVER MARRIED and Months Deys Hours WIDOWED DIVORGED event, physician SUAL OCCUPATION (Give kind of work during mast elevation) 106, KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? гетоме (County & Stete, or fa country) 13. FATHER' please .5 attending and Then 15. WAS DECLASED EVER IN U ARMED FORCES? 16. SOCIAL SECURITY NO. | 17 INFORM Addres removal, the permit. physician. 18 CAUSE OF DEATH Enter only one couse perstine for (e), (b), end (c). ONSET AND DEATH signed by PART I. DEATH WAS CAUSED BY 0 IMMEDIATE CAUSE (e) burial-transit DUE TO attending Conditions, if eny, which been (b) geve rise to immediate cause DUE TO (e), steting the underlying has ceuse lest. the ō PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY certificate Spital PERFORMED? as 0 NO · use 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Pert II of item 18.) 20e, ACCIDENT WAS UNDERLYING for OR CONTRIBUTING | CAUSE OF DEATH Health (IF EITHER, NOTIFY MEDICAL EXAMINER) detached After 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) While Not While Hour e.m. et work et work p.m. DIRECTOR: 21. I certify that (I) (this hospital) attended the deceased from 19. that (I) (we) last 3 should ..., and that death occured ato. the causes and on the date stated above. saw the decease 22b. DATE 22e. SIGNATURE SIGNED ATTENDING DIRECTOR PHYS. PHYS. leath. Page 4 1 M.D. page 22c. PHYSICIAN'S 22d. ADDRES NAME (Type) filed \ CEMETERY OF CREMATORY CATION (City, town or coun THEREOF (State) BURIAL, CREMATION, REMOVAL 후 0 NERAL DIRECTORIS 25e, REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE VR A15 (4) 15M 9/60 DATE AUG Circling & House

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MARYLAND STATE DEPARTMENT OF HEALTH

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and which the state of the stat 43 (c) 7005 (A .46) nivie hand , attended to the sent the contact

death. Page 4

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## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

9722

09713

1. PLACE OF DEATH a. COUNTY Worcester MAR	YLAND	2. USUAL RESIDENCE (Who o. STATE Maryla			ian: Residence t	before admissias	n)	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Ocean City  3 Mos.	Y IN 1b	c. CITY OR TOWN (If outside carporote limits, write RURAL and give nearest town)  Salisbury						
d. NAME OF HOSPITAL (If nat in hospital, give street address) OR INSTITUTION		d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?					ARM?	
Plimhimmon Hotel		Ocean C		va.,		YES 1	NOTE	
3. NAME OF DECEASED (Type or print) WILDA MASTER	е	PHILLIPS	4. DATE OF DEATH	Mai		Day Yes	61	
S. SEX Male    6. COLOR OR RACE   7. MARRIED   NEVER MARR   WIDOWED   DIVORC		Apr. 20.1883		9. AGE (In years last birthdoy) 78 yrs.	Months Da	ys Hours	24 HRS. Min.	
10a. USUAL OCCUPATION (Give kind of work done during mass of working life, even if retired)  Night Clerk  Hotel	OR INDUST	RY 11. BIRTHPLACE (State Maryland	ar foreign co	ountry)	U.S.	A.	UNTRY?	
13. FATHER'S NAME	200 H	14. MOTHER'S MAIDEN N	IAME					
John W. Phillips		Elizabeth	Darby		u i e			
1S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yas, no, or unknown) (If yes, give war or dates of service)		ormant Louise P. 1	Rogan,		rk			
gave rise ta immediate couse (o), stating the under-lying couse lost.	couse (o), stating the <u>under-</u>							
20a. ACCIDENT WAS UNDERLYING DOBE DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 18.)  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)								
Zoc. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Hour o. m.  p. m. 19 While Not while of work at wark	20e. PLA	CE OF INJURY (Hame, farm ory, street, office bldg., etc.	, 20f. (City	or town)	(Cour	nty)	(Stote)	
21. I certify that (I) (this haspital) attended the deceased fram. S-17. 1961, ta S-17., 1961, that (I) (we) last saw the deceased glive on 8-17. 1961, and that death accurred at 300000000000000000000000000000000000								
226. SIGNATURE  M.D. ATTENDING MED. STAFF  8-18 SIGNED  M.D. PHYS. DIRECTOR DIRECTOR PHYS. 8-18 SIGNED								
22c. PHYSICIAN'S NAME (Type) A. C. SMOOT, IT.		22d. ADDRESSEN	vsul-	a Gen	1. HOS6.	2		
236. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEAR BURIAL 8- 20-1961 Mardela				tion (City, town,		(Stote)		
24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Hill & Johnson Co. Salisbury, Mar		25a. REC	BY REGIST	RAR 2Sb. REG	ISTRAR'S SIGNA	ATLIPE		

Tomant. Baker

Start and granted & believe and a glassanti a grandi 是一种的一种,是一种的一种,但是一种的一种,但是一种的一种,但是一种的一种的一种,但是一种的一种的一种,但是一种的一种,但是一种的一种,但是一种的一种,但是一种

Division of STATISTICAL RE PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE Item 8 Film G293 USUAL RESIDENCE Where deceased lived, If institution, Residence before edmission PLACE OF DEATH sector. Page your files. d of Health, e. COUNTY e. STATE b. COUNTY MARYLAND by CITY OR TOWN (if outside corposete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write (URAL and give neerest town) your d of h d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE ON A FARM? erained e State death. YEST NO! NAMEOF First Middle DATE Month Day DECEASED OF the DEATH (Type or print) with 6. COLOR OR RACE 7. MARRIED DATE OF BIRTH ive Pages 1, 2, and 3 to PM3. Page 5 may be pages 1 and 2 with pages 1 and 2 with the pages 5. SEX NEVER MARRIED AGE (In years | IF UNDER I YEAR IF UNDER 24 HRS. 1903 lest-birthdey) Months Devs Hours Mín. WIDOWED DIVORCED 106. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WMAT COUNTRY? File pages 1 13. HATHER'S NAME 14. MOTHER'S MAIDEN-NAME "in pencil in Item 18. Give P. S. Office along with form PM. a burial-transit permit. File pagemoval, and in any event-wit 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Addre (Yes, no, or unkerwn) | (If yes give we rordetes of service) 18. CAUSE OF DEATH [Enter only one cause per lipe for (e). ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which rd "pending" i Il Examiner's O be used as a b geve rise to immediata ceuse (e), steting the underlying couse lest. used ion, o PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? should be rial, crematic NO X CERTIFIC PRIMARY OF CONTRIBUTING 20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert f or Pert il of item 18.) age 3 shot to burial, CAUSE OF DEATH. 4 Chief age 3 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e, PLACE OF INJURY (Home, ferm, 1 20f. (City or town) Month, Dey, Year (County) (State) fectory, street, office bldg., etc.) Not While 2 While ease execute the certificate, v should be forwarded to the FUNERAL DIRECTOR: Pa et work et work prior p.m. 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion agent, death resulted from: Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL PXAMINER DEPUTY EXAMINER'S NAME (Type) 220. BURIAL, CREMATION CEMETERY OR CREMATORY 22d, LOCATION (City, town, or country) (Stete) its OH 940 VS. A15ME 5M 7/59

AND STATE DEPARTMENT OF HEALTH

